

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEYATTORNEY'S DOCKET
PU3514USWFirst Names Inventor:
BROWN, Nathaniel A.**Complete if known:**

App No.:

Filing Date

Group Art Unit:

(X) Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIVIRAL COMBINATIONS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 17 September 1999 as United States application Serial No. _____ or PCT InternationalApplication Number PCT/EP99/06886 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9820420.9	GB	09/18 /1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

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PATENT APPLICATION WITH POWER OF ATTORNEY**

Continued

ATTORNEY'S DOCKET NUMBER

PU3514USW

2	FULL NAME OF INVENTOR	FAMILY NAME RUBIN	FIRST GIVEN NAME Marc	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP	CITY Chapel Hill	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

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DECLARATION FOR "371" APPLICATION

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